

Candidate and Political Committees'  
REPORT OF RECEIPTS AND DISBURSEMENTS

Candidate's Name TERRY C BENTON  
Full Address 101 Rew St Newton MS 39345  
Telephone 601 683 6695 (Fax) 601 683 6695  
E-mail \_\_\_\_\_  
Office Sought SENATE Dist 31 Political Party Rep



☐ Check here if above is different from previous report

TYPE OF REPORT

X January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

\_\_\_\_ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	(itemized + non-itemized)	This Period	Calendar year-to-date
Total amount of contributions	\$6300.00	\$ - 0 -	\$6300.00
Total amount of disbursements	\$3907.12	\$6348.00	\$10255.12
Total amount of cash on hand		\$66239.78	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

**SEND TO:**

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

TERRY C BUNTON

Reporting period JAN 01, 2009

through DEC 31, 2009

# ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Advanee America</u>		<u>07/02/09</u>	\$ <u>500.00</u>
Mailing Address <u>135 N Church St</u>		<u>— — —</u>	\$
City, State, Zip Code <u>Spartanburg SC 29306</u>		<u>— — —</u>	\$
Name of Employer (Required) _____		<u>— — —</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Chevron</u>		<u>10/02/09</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 1300</u>		<u>— — —</u>	\$
City, State, Zip Code <u>Pascagoula MS 39568</u>		<u>— — —</u>	\$
Name of Employer (Required) _____		<u>— — —</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>ASSN</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Entertainment Software Assn</u>		<u>10/12/09</u>	\$ <u>500.00</u>
Mailing Address _____		<u>— — —</u>	\$
City, State, Zip Code <u>JACKSON, MS</u>		<u>— — —</u>	\$
Name of Employer (Required) _____		<u>— — —</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>BAXTER HEALTHCARE</u>		<u>10/12/09</u>	\$ <u>500.00</u>
Mailing Address <u>ONE BAXTER PARKWAY</u>		<u>— — —</u>	\$
City, State, Zip Code <u>Deerfield IL 60015</u>		<u>— — —</u>	\$
Name of Employer (Required) _____		<u>— — —</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee TERRY C Burt  
 Reporting period JAN 01, 2009 through Dec 31, 2009  
**ITEMIZED RECEIPTS**

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Merck</u>	<u>10/23/09</u>	\$ <u>500.00</u>
Mailing Address	<u>Post Office Box 1000</u>	<u>  1  1  </u>	\$
City, State, Zip Code	<u>North Wales, PA 19454</u>	<u>  1  1  </u>	\$
Name of Employer (Required)		<u>  1  1  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>ATT PAC</u>	<u>10/26/09</u>	\$ <u>500.00</u>
Mailing Address	<u>175 E Capitol St</u>	<u>  1  1  </u>	\$
City, State, Zip Code	<u>JACKSON, MS 39201</u>	<u>  1  1  </u>	\$
Name of Employer (Required)		<u>  1  1  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>ACRE Action Committee For Rural Electrification</u>	<u>11/03/09</u>	\$ <u>500.00</u>
Mailing Address	<u>PO Box 3300</u>	<u>  1  1  </u>	\$
City, State, Zip Code	<u>Ridgeland, MS 39150</u>	<u>  1  1  </u>	\$
Name of Employer (Required)		<u>  1  1  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>ASTRA Zeneca</u>	<u>11/23/09</u>	\$ <u>500.00</u>
Mailing Address	<u>7516 Jeannette St</u>	<u>  1  1  </u>	\$
City, State, Zip Code	<u>New Orleans, LA 70118</u>	<u>  1  1  </u>	\$
Name of Employer (Required)		<u>  1  1  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee

TERRY C BUNT

Reporting period

JAN 01, 2009 through DEC 31, 2009

# ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>12/02/09</u>	\$ <u>500.00</u>
Mailing Address		<u>1</u> <u>1</u> <u>1</u>	\$
City, State, Zip Code		<u>1</u> <u>1</u> <u>1</u>	\$
Name of Employer (Required)		<u>1</u> <u>1</u> <u>1</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>12/16/09</u>	\$ <u>4500.00</u>
Mailing Address		<u>1</u> <u>1</u> <u>1</u>	\$
City, State, Zip Code		<u>1</u> <u>1</u> <u>1</u>	\$
Name of Employer (Required)		<u>1</u> <u>1</u> <u>1</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>ASSN</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>12/19/09</u>	\$ <u>300.00</u>
Mailing Address		<u>1</u> <u>1</u> <u>1</u>	\$
City, State, Zip Code		<u>1</u> <u>1</u> <u>1</u>	\$
Name of Employer (Required)		<u>1</u> <u>1</u> <u>1</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>300.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>12/22/09</u>	\$ <u>500.00</u>
Mailing Address		<u>1</u> <u>1</u> <u>1</u>	\$
City, State, Zip Code		<u>1</u> <u>1</u> <u>1</u>	\$
Name of Employer (Required)		<u>1</u> <u>1</u> <u>1</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee

Reporting period

TERRY C. BUNTON  
JAN 01, 2009 through DEC 31 2009

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# ITEMIZED RECEIPTS

<p>A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Other (please specify) _____</p>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		12/29/09	\$ 500.00
Mailing Address		____/____/____	\$
City, State, Zip Code		____/____/____	\$
Name of Employer (Required)		____/____/____	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
<p>B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Other (please specify) _____</p>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		____/____/____	\$
Mailing Address		____/____/____	\$
City, State, Zip Code		____/____/____	\$
Name of Employer (Required)		____/____/____	\$
Occupation (Required)		Aggregate year-to-date	\$
<p>C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Other (please specify) _____</p>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		____/____/____	\$
Mailing Address		____/____/____	\$
City, State, Zip Code		____/____/____	\$
Name of Employer (Required)		____/____/____	\$
Occupation (Required)		Aggregate year-to-date	\$
<p>D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Other (please specify) _____</p>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		____/____/____	\$
Mailing Address		____/____/____	\$
City, State, Zip Code		____/____/____	\$
Name of Employer (Required)		____/____/____	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee

TERRY C BROWN

Reporting period

JAN 01 2009

through

DEC 31 2009

## ITEMIZED DISBURSEMENTS

A. Full name	<u>Brad Wellons</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>FAIRVIEW ST</u>	<u>01/10/09</u>	\$ <u>1200.00</u>
City, State, Zip Code	<u>JACKSON, MS</u>	<u>1 1</u>	\$
Purpose of Disbursement (Optional)	<u>Rent</u>	Aggregate Year-to-date	\$ <u>1200.00</u>
B. Full name	<u>Newton Co. Appeal</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>MAIN ST</u>	<u>02/24/09</u>	\$ <u>195.00</u>
City, State, Zip Code	<u>Newton, MS 39345</u>	<u>04/13/09</u>	\$ <u>750.00</u>
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>9445.00</u>
C. Full name	<u>Newton Co. Appeal</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>MAIN ST</u>	<u>06/09/09</u>	\$ <u>225.00</u>
City, State, Zip Code	<u>Newton MS 39345</u>	<u>10/10/09</u>	\$ <u>225.00</u>
Purpose of Disbursement (Optional)	<u>Adv.</u>	Aggregate Year-to-date	\$ <u>895.00</u>
D. Full name	<u>WRST Am</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>Box 80</u>	<u>02/26/09</u>	\$ <u>500.00</u>
City, State, Zip Code	<u>Forest, MS 39074</u>	<u>10/10/10</u>	\$ <u>250.00</u>
Purpose of Disbursement (Optional)	<u>Adv.</u>	Aggregate Year-to-date	\$ <u>750.00</u>
E. Full name	<u>Admiral</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>STATE ST</u>	<u>08/15/09</u>	\$ <u>200.00</u>
City, State, Zip Code	<u>JACKSON, MS</u>	<u>09/15/09</u>	\$ <u>200.00</u>
Purpose of Disbursement (Optional)	<u>(Rent)</u>	Aggregate Year-to-date	\$
F. Full name	<u>Admiral</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>STATE ST</u>	<u>1 1</u>	\$ <u>200.00</u>
City, State, Zip Code	<u>JACKSON, MS.</u>	<u>1 1</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>600.00</u>



Name of Candidate or Committee

Terry C Burton

Reporting period JAN 01, 2009

through DEC 31, 2009

# ITEMIZED DISBURSEMENTS

A. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Newkirk Foster Club</u>		<u>1/1/09</u>	\$ <u>200.00</u>
Mailing Address			\$
City, State, Zip Code			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>200.00</u>
B. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Cellular South</u>		<u>10/12/09</u>	\$ <u>262.12</u>
Mailing Address			\$
City, State, Zip Code			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>262.12</u>
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Chapman Cell Ser.</u>			\$
Mailing Address			\$
City, State, Zip Code			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
			\$
Mailing Address			\$
City, State, Zip Code			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
			\$
Mailing Address			\$
City, State, Zip Code			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
			\$
Mailing Address			\$
City, State, Zip Code			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$